



California Regional Water Quality Control Board
San Diego Region
PUBLIC RECORDS ACCESS REQUEST FORM



1. Requestor Information

Requester Name:			
Organization:			
Address:			
City:	State:	Zipcode:	E-Mail Address
Daytime Phone:	Cell Phone:	Fax	

2. Request For Appointment to Inspect Regional Board Records

Date of Request <i>(The date you submitted this form to the Regional Board)</i>	Day and Appointment Time for Record Review <i>(optional - You may specify the day of the week and appointment time that works best for you)</i>	Preferred day of the week	Preferred Time
For Regional Board Office Use Only			
Request Form Received by: Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Walk-In <input type="checkbox"/>			
Date Form Received _____ RWQCB Staff Initials: _____	Date Requester Contacted: _____ RWQCB Staff Initials: _____	Date / Time of Appointment: _____ RWQCB Staff Initials: _____	
Date Copies Requested _____ RWQCB Staff Initials: _____	Copy Fee : _____ Check #: _____ RWQCB Staff Initials: _____	Date Copies Mailed: _____ RWQCB Staff Initials: _____	

3. Description of Public Records Requested

Record 1

Agency/ Owner Name (if known):	Facility Name (if Known)		
Facility Address (if known):			
City (if known):	State:	Zipcode (if known):	
Public Record Subject (if known):			
Time Period (if known): Please specify either "Most current volume of record" or what portion of record in terms of approximate start date (month/year) and approximate end date (month/year) you are interested in. Most current volume of record: <input type="checkbox"/> or Start Date (mm/yyyy): _____ and End Date (mm/yyyy): _____			
Additional Information: If a particular document is required, it should be identified precisely, preferably by date and title. If you cannot identify a specific record clearly explain your needs: _			
For Regional Board Office Use Only	Records Located: <input type="checkbox"/>	File Records Not Located: <input type="checkbox"/>	Records Exempt From Public Review: <input type="checkbox"/>

Record 2

Agency/ Owner Name (if known):	Facility Name (if Known)		
-			
Address (if known):			
-			
City (if known):	State:	Zipcode (if known):	
-	-	-	
Public Record Subject (if known):			
-			
Time Period (if known): Please specify either "Most current volume of record" or what portion of record in terms of approximate start date (month/year) and approximate end date (month/year) you are interested in. Most current volume of record: <input type="checkbox"/> or Start Date (mm/yyyy): _____ and End Date (mm/yyyy): _____			
<i>If a particular document is required, it should be identified precisely, preferably by date and title. If you cannot identify a specific record clearly explain your needs: _</i>			
For Regional Board Office Use Only	Records Located: <input type="checkbox"/>	File Records Not Located: <input type="checkbox"/>	Records Exempt From Public Review: <input type="checkbox"/>

Record 3

[illegible]

Record 4

[illegible]

Record 5

Agency/ Owner Name (if known): -		Facility Name (if Known) -	
Address (if known): -			
City (if known): -	State: -	Zipcode (if known): -	
Public Record Subject (if known): -			
Time Period (if known): <i>Please specify either "Most current volume of record" or what portion of record in terms of approximate start date (month /year) and approximate end date (month /year) you are interested in.</i> Most current volume of record: <input type="checkbox"/> or Start Date (mm/yyyy): _____ and End Date (mm/yyyy): _____			
<i>If a particular document is required, it should be identified precisely, preferably by date and title. If you cannot identify a specific record clearly explain your needs: _</i> 			
For Regional Board Office Use Only	Records Located: <input type="checkbox"/>	File Records Not Located: <input type="checkbox"/>	Records Exempt From Public Review: <input type="checkbox"/>